

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS4066AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/27/2009
NAME OF PROVIDER OR SUPPLIER ANGEL MANOR		STREET ADDRESS, CITY, STATE, ZIP CODE 465 EAST ROBINDALE ROAD LAS VEGAS, NV 89123		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	Initial Comments Surveyor: 28276 The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted at your facility on 10/27/09. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. The facility was licensed for ten Residential Facility for Group beds for elderly and disabled person and/or persons with mental illness and/or persons with chronic illness Category II residents. The census at the time of the survey was eight residents and one renter. Eight resident files were reviewed and three employee files were reviewed. One discharged resident file was reviewed. The facility received a grade of A. The following deficiencies were identified:	Y 000		
Y 693 SS=D	449.2712(2) Oxygen-Caregiver monitor resident ability NAC 449.2712 2. The caregivers employed by a residential facility with a resident who requires the use of oxygen shall: (a) Monitor the ability of the resident to operate the equipment in accordance with the orders of a physician. (b) Ensure That: (1) The resident's physician evaluates	Y 693		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 693	<p>Continued From page 1</p> <p>periodically the condition of the resident which necessitates his use of oxygen;</p> <p>(2) Signs which prohibit smoking and notify persons that oxygen is in use are posted in areas of the facility in which oxygen is in use or is being stored;</p> <p>(3) Persons do not smoke in those areas where smoking is prohibited;</p> <p>(4) All electrical equipment is inspected for defects which may cause sparks.</p> <p>(5) All oxygen tanks kept in the facility are secured in a stand or to a wall;</p> <p>(6) The equipment used to administer oxygen is in good working condition;</p> <p>(7) A portable unit for the administration of oxygen in the event of a power outage is present in the facility at all times when a resident who requires oxygen is present in the facility; and</p> <p>(8) The equipment used to administer oxygen is removed from the facility when it is no longer needed by the resident.</p> <p>This Regulation is not met as evidenced by: Surveyor: 28276 Based on observation on 10/27/09, the facility failed to secure oxygen tanks in a rack or to the wall. Three unsecured oxygen tanks were found in the garage.</p> <p>Severity: 2 Scope: 1</p>	Y 693			

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Y 885	Continued From page 2	Y 885			
Y 885 SS=D	<p>449.2742(9) Medication / Destruction</p> <p>NAC 449.2742</p> <p>9. If the medication of a resident is discontinued, the expiration date of the medication of a resident has passed, or a resident who has been discharged from the facility does not claim the medication, an employee of a residential facility shall destroy the medication, by an acceptable method of destruction, in the presence of a witness and note the destruction of the medication in the record maintained pursuant to NAC 449.2744. Flushing contents of vials, bottles or other containers into a toilet shall be deemed to be an acceptable method of destruction of medication.</p> <p>This Regulation is not met as evidenced by: Surveyor: 28276 Based on observation and interview on 10/27/09, the facility failed to destroy medications for 1 of 8 residents (Resident #1) after they were discontinued, had expired or after a resident had been transferred.</p> <p>Findings Include:</p> <p>Resident #1 was prescribed Melatonin 3 milligrams one tablet by mouth every evening. The medication was discontinued, but not destroyed. Resident #1 was prescribed Methadone HCL 5 milligrams one tablet every 12 hours. The medication was discontinued, but not destroyed.</p> <p>Severity: 2 Scope: 1</p>	Y 885			

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Y 920 SS=E	<p>449.2748(1) Medication Storage</p> <p>NAC 449.2748 1. Medication, including, without limitation, any over-the-counter medication, stored at a residential facility must be stored in a locked area that is cool and dry. The caregivers employed by the facility shall ensure that any medication or medical or diagnostic equipment that may be misused or appropriated by a resident or any other unauthorized person is protected. Medication for external use only must be kept in a locked area separate from other medications. A resident who is capable of administering medication to himself without supervision may keep his medication in his room if the medication is kept in a locked container for which the facility has been provided a key.</p> <p>This Regulation is not met as evidenced by: Surveyor: 28276 Based on observation on 10/27/09, the facility failed to keep medications for 2 of 8 residents in a locked area (Resident #4 and #7). Medications for Employee #2 and her son were found unlocked in two cabinets in the kitchen.</p> <p>Severity: 2 Scope: 2</p>	Y 920			
Y 936 SS=F	<p>449.2749(1)(e) Resident file-NRS 441A Tuberculosis</p>	Y 936			

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Y 936	<p>Continued From page 4</p> <p>NAC 449.2749 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including without limitation: (e) Evidence of compliance with the provisions of chapter 441A of NRS and the regulations adopted pursuant thereto.</p> <p>This Regulation is not met as evidenced by: Surveyor: 28276 Based on record review on 10/27/09, the facility failed to ensure 1 of 8 residents complied with NAC 441A.380 regarding tuberculosis (Resident #4) which affected all residents. Resident #4's file documented evidence of a one step tuberculosis (TB) test in 2004, 2006, 2007, 2008 and 2009. No evidence of a two step TB test was documented in the file.</p> <p>Severity: 2 Scope: 3</p>	Y 936		

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